

Alexandria Health Department



ESTABLISHMENT PERMIT APPLICATION

REPLY TO: Environmental Health Division
4480 King Street, Rm 360
Alexandria, VA 22302
Phone: 703-746-4910, Fax: 703-746-4919
<http://alexandriava.gov/EnvironmentalHealth>

APPLICATION AND/OR PERMIT FEES ARE NON-REFUNDABLE.

Application for: ☐ **New Facility** ☐ **Renewal** ☐ **Update Information**
☐ **Change of Ownership** (Estimated Date of Settlement _____)
(Previous Facility Name: _____)

Permit for: ☐ **Food Establishment** - # of Seats _____ ☐ **Seasonal Pool/Spa** ☐ **Year-Round Pool/Spa**
☐ **Hotel/Motel** - # of Rooms _____ ☐ **Bed & Breakfast** - # of Rooms _____
☐ **Personal Services** (not massage) ☐ **Other** _____

FACILITY INFORMATION

Facility Name (Trading as): _____
Address: _____
Telephone #: _____ Fax #: _____ Email: _____
Mailing Address for Correspondence (if different from facility address): _____
Billing Address for Permit Renewal (if different from facility address): _____

OPERATION INFORMATION

Months of Operation: ☐ Year-Round
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec
Days of Operation: ☐ 7-Days / Week, or: ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa
Hours of Operation: Open: _____ AM PM Close: _____ AM PM

FACILITY CONTACT INFORMATION

Facility Contact Person: _____ Position: _____
Telephone #: _____ Cell #: _____ Email: _____

FACILITY OWNER INFORMATION

Legal Owner type: ☐ Association ☐ Corporation ☐ LLC ☐ Individual ☐ Partnership ☐ Other Legal Entity
Association, Corporation, Partnership Name: _____
[Virginia State Corporation ID#](#): _____ FIN: _____
Legal Owner Name: _____ Legal Owner Phone #: _____
Legal Owner Mailing Address: _____
Registered Agent (if required): _____

The Registered Agent acts as the Agent for the Corporation to receive service of process and must have an established registered office on file with the [State Corporation Commission](#) (In state-toll free 1-866-722-2551 or 1-804-371-9733), located within the State where mailings can be received. A Registered Agent must be a resident of Virginia and must be at least one of the following: a) an officer of the corporation; b) a member of the board of directors; c) a member of the Virginia State Bar; d) a legal corporation licensed to practice law in the State of Virginia.

I/We attest to the accuracy of the information provided, agree to comply with applicable city and state ordinances and regulations and will allow the regulatory authority access to the facility during any reasonable time to inspect, conduct tests or collect samples as required.

Applicant's Signature: _____ Date: _____

Applicant's Name (printed): _____

Return the completed application, a copy of your business license or business license application and applicable fees to Environmental Health Division. The facility name and facility owner listed on this application must be the same as recorded on the business license.

OFFICE USE ONLY

PAGE 2 TO BE COMPLETED BY HEALTH DEPARTMENT

FACILITY DATA

Tax Map: _____

Date Closed in Plan Review Database: _____ Closed by: _____

Permit Conditions: _____

Permit Application Date: _____ Permit Fee Paid Date: _____

Recommended for Permit by: _____ Date: _____

Supervisor Approval: _____ Date: _____

File Active Date (VENIS): _____ Permit Issue Date: _____ Initials: _____

FOOD FACILITY DATA

Smoke Free: ☐ Yes ☐ No (If no, submit smoking survey with application.)

CFM Type Required: ☐ Full ☐ Limited

Facility Operation: ☐ Year Round ☐ Seasonal

Facility Sub-Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Care Home | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other Food Service |
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Hotel Continental Breakfast | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Jail | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Carry-Out Only | <input type="checkbox"/> Mobile Food Establishment* | <input type="checkbox"/> Grocery Store – Bakery |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Grocery Store – Deli |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Private College | <input type="checkbox"/> Grocery Store – Grocery |
| <input type="checkbox"/> Convenience Store (STATE) | <input type="checkbox"/> Private Elementary School | <input type="checkbox"/> Grocery Store – Meat & Poultry |
| <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Private Middle or High School | <input type="checkbox"/> Grocery Store – Seafood |
| <input type="checkbox"/> Fast Food Restaurant / Caterer | <input type="checkbox"/> Public Elementary School | <input type="checkbox"/> Group Home (LOCAL) |
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Public Middle of High School | <input type="checkbox"/> Vending Machine |
| <input type="checkbox"/> Full Service Restaurant / Caterer | <input type="checkbox"/> State College | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grocery Store (STATE) | <input type="checkbox"/> State Institution | |
| <input type="checkbox"/> Group Home (STATE) | | |

*Mobile Food Establishments: VIN # or other identification: _____

License Plate Tag #: _____

Modified VENIS Priority Assessment Tool

Are Process (HACCP) Type 1 foods prepared?

(VENIS - Are PHFs (TCS foods) served?)

☐ Yes ☐ No

Are Process (HACCP) Type 2 foods prepared?

(VENIS - Are PHFs (TCS foods) prepared from raw, non-frozen ingredients?)

☐ Yes ☐ No

Are Process (HACCP) Type 3 (complex) foods prepared?

(VENIS - Are PHFs (TCS foods) cooked, cooled, and reheated?)

☐ Yes ☐ No

Water Supply: ☐ Public – Virginia American Water Company ☐ Public – Washington Aqueduct Division ☐ Other _____

Sewage: ☐ Public – Alexandria Sewage Plant ☐ Other _____